

CODE	<p>Section VII</p> <p><b>DISENROLLMENT</b></p> <p>Standard of 95 percent relates to requirements of timeliness, accuracy and disclosure.</p>
<p><b>GENERAL PROCEDURES (Voluntary and Involuntary Disenrollments)      Use Worksheets: WS-DS1</b></p>	
DS01	<p>The M+CO <del>Organization</del> promptly disenrolls Medicare enrollees upon receipt of their written request (i.e., disenrollments are effective no earlier than the first day of the month following the month the M+CO receives the request.) Disenrollment requests received after the 10<sup>th</sup> of the month are effective on the first day of the second calendar month following the receipt of the disenrollment request. Enrollees are not required to submit disenrollment requests within a specified time frame in advance of the desired date. Disenrollment requests accepted by the M+CO <del>Organization</del> are signed <del>and dated</del> by Medicare enrollees <b>or through other mechanisms as determined by HCFA</b>. If the enrollee is unable to manage his/her affairs, a court-appointed guardian or other person authorized under state law may sign and date the disenrollment request.</p> <p>Section 619 of BIPA specifies that effective June 1, 2001, disenrollments during an OEP will all be effective for first day of the month after the month of receipt of the disenrollment form by the M+CO.</p> <p>42 CFR 422.66(b)((1)(ii);OPL 99.100 <span style="float:right">[ ] MET [ ] NOT MET [ ] NOTE</span></p>
DS02 New Element	<p>Within <del>15 days of</del> <b>time frames specified by HCFA</b> of receipt of a written request to disenroll, the M+CO submits the disenrollment action to HCFA.</p> <p>42 CFR 422.66(b)(3)(<del>I i</del>), (<del>ii</del>), (<del>iii</del>), and (<del>iv</del>);OPL 99.100 <span style="float:right">[ ] MET [ ] NOT MET [ ] NOTE</span></p>
DS03 New Element	<p>The M+CO <del>Organization</del> sends final notice to the enrollee confirming the date of disenrollment <b>within 5-business days time frames specified by HCFA</b> of the receipt of the member's written request to disenroll., The letter includes the proposed effective date, a copy of the enrollee's written request to disenroll , and explains to the enrollee that neither the M+CO <del>Organization</del> nor HCFA (Medicare) will pay for services not provided or arranged for by the M+C Plan in which the enrollee is enrolled. The M+CO <del>Organization</del> retains these disenrollment requests for six (6) years following the effective date of disenrollment.</p> <p>42 CFR 422.66(b)(3)(ii) and (iii);OPL 99.100 <span style="float:right">[ ] MET [ ] NOT MET [ ] NOTE</span></p>
<p><b>GENERAL PROCEDURES (Involuntary Disenrollments Only)</b></p>	
DS04	<p>The M+CO <del>Organization</del> does not, orally or in writing, or by any action or inaction, request or encourage a Medicare enrollee to</p>

	<p>disenroll except for failure to pay premiums, a move outside the geographic area, fraud or abuse of membership card, loss of Part A and/or Part B, death of the enrollee, or for disruptive behavior. 42 CFR 422.74(a)(2); OPL 99.100</p> <p>[ ] MET [ ] NOT MET [ ] NOTE</p>
DS05	<p>Except for automatic disenrollments for death or loss of Part A or Part B, the M+CO <del>Organization</del> notifies Medicare enrollees in writing of the intent to disenroll them, and mails such notices to enrollees before the effective date and prior to sending notice to HCFA. The notice contains the proposed effective date, a clear explanation of the reason for disenrollment, information on the enrollee's right to a hearing under the M+CO's <del>Organization's</del> grievance procedure, and a reminder that the enrollee must receive services through the M+CO <del>Organization</del> until the effective termination date. 42 CFR 422.74(c)(1) and (c)(2); OPL 99.100</p> <p>[ ] MET [ ] NOT MET [ ] NOTE</p>
MOE DS01- DS05	<p><input type="checkbox"/> Is the language in enrollee correspondence regarding disenrollment technically correct and adequately explained? Does the M+CO <del>Organization</del> provide reasonable notice of and allow a reasonable amount of time for enrollee to respond (at least 20 days following date of notice) before it involuntarily disenrolls an enrollee? Does the notice include a clear explanation of the reason for disenrollment, the proposed date for disenrollment, and information regarding grievance procedures?</p> <p><input type="checkbox"/> Determine if M+CO <del>Organization</del> is promptly submitting disenrollment actions to HCFA on a prospective basis.</p> <p><input type="checkbox"/> Determine if the M+CO <del>Organization</del> reviews <i>HCFA Monthly Transaction Reply/Monthly Activity Report</i> listings to verify whether inputs are accepted or rejected. Determine if appropriate follow up action is being taken in response to the <i>HCFA Monthly Transaction Reply/Monthly Activity Report</i> listings regarding whether:</p> <p><input type="checkbox"/> Does the M+CO <del>Organization</del> maintain an internal membership information system which is reconciled against HCFA records? Look for inconsistency in disenrollment dates between the two and the possibility that an earlier termination in the internal system results in denying claims for the remaining month(s) of HCFA enrollment. Does the M+CO <del>Organization</del> also maintain written internal instructions on handling Medicare enrollee disenrollments which are technically correct and are available to all appropriate M+CO <del>Organization</del> staff?</p> <p><input type="checkbox"/> Determine if records for Medicare enrollees who have disenrolled from the M+CO <del>Organization</del> are kept on file for six years following the effective date of disenrollment.</p> <p><b>Review:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> internal procedural guides for membership and claims processing system;</li> <li><input type="checkbox"/> language in marketing materials or standard disenrollment, change of information forms, and other forms used by the M+CO <del>Organization</del> or employer groups; routine correspondence/communication to Medicare enrollees regarding involuntary and voluntary disenrollment; miscellaneous communication in sampled enrollee files; and</li> <li><input type="checkbox"/> Employer Group Health Plan (EGHP) contract language, disenrollment survey results, complaint logs, grievance cases, and information from review of selected samples.</li> </ul> <p><b>Interview:</b> Staff responsible for: accepting/processing disenrollments; making involuntary disenrollment determinations, and issuing and controlling correspondence to terminating EGHP and non-group Medicare enrollees.</p>

INVOLUNTARY DISENROLLMENT - FAILURE TO PAY PREMIUM		Use Worksheet: WS-DS1
DS06 New Element	<p>The M+CO <del>Organization</del> may <b>involuntarily</b> disenroll Medicare enrollees who fail to pay premiums only after sending a written notice of non-payment to the enrollee within 20 days after the date the premium was due. The effective date of disenrollment is the last day of the month in which <b>after</b> the 90-day grace period <b>expires. ends.</b> <del>42 CFR 422.74(d)(1)(i) and (d)(4)(ii)</del> <b>42 CFR 422.74(d)(1)(i) and (ii);OPL 99.100</b></p> <p>[ ] Not Applicable [ ] MET [ ] NOT MET [ ]NOTE</p>	
DS07 New Element	<p>When an M+CO <del>Organization</del> enrollee fails to pay his/her premium, the enrollee may convert to a standard benefit package provided by the same M+C Plan (if available); or only discontinue optional supplemental benefits when the enrollee does not pay the optional supplemental premium, however, such action may only be taken if the member has been notified in advance of the effective date of the conversion. <del>42 CFR 422.74; OPL 99.100</del></p> <p>[ ] Not Applicable [ ] MET [ ] NOT MET [ ]NOTE</p>	
MOE DS06 - 07	<p><input type="checkbox"/> Determine M+CO <del>Organization</del> procedures which identify Medicare enrollees who are delinquent in paying premiums. Is there a consistent process for identifying and notifying enrollees of delinquent payments, and are delinquency notices issued within 20 days of the date the premium was due? Verify the M+CO <del>Organization</del> <b>only involuntarily</b> disenrolls Medicare enrollees who fail to pay premiums <b>only</b> after sending a written notice of non-payment to the enrollee within 20 days after the date the premium was due. The effective date of disenrollment is the last day of the month in which the 90-day grace period ends. <b>The 90-day grace period does not begin until notice of premium delinquency is sent.</b></p> <p><input type="checkbox"/> Ensure that the M+CO 's policy and procedures concerning delinquent premiums is applied consistently to <u>all</u> enrollees. (<del>f</del>For example, <del>A</del>all members are given the option to convert to a lower premium plan or all members are terminated.)</p>	
INVOLUNTARY DISENROLLMENT - ENROLLEE MOVES OUT OF M+C ORGANIZATION 'S GEOGRAPHIC AREA		
DS08 New Element	<p>Except as specified in 42 CFR 422.54, the M+CO <del>Organization</del> disenrolls Medicare enrollees who leave the approved service area for more than <del>12 months</del> <b>6 months</b>, unless they move (permanently) into an approved continuation area and the member has elected the continuation of enrollment option. <del>42 CFR 422.54</del> <b>422.74(d)(4)(i); OPL 98.076; OPL 99.100</b></p> <p>[ ] MET [ ] NOT MET [ ] NOTE</p>	
DS09	<p>The M+CO <del>Organization</del> makes reasonable efforts to establish that Medicare enrollees have permanently moved from the approved service area. Such efforts are documented in writing or evidence exists in some other form acceptable to HCFA (as examples, official change of address notification, return mail stating "moved left no address"). <del>42 CFR 422.74(d)(4)(ii);OPL 99.100</del></p> <p>[ ] MET [ ] NOT MET [ ] NOTE</p>	

MOE DS09	<p><input type="checkbox"/> Does the M+CO Organization have a process for identifying enrollees who have left the service area for more than <del>12 months</del> <b>6 months</b>? What sources, other than the <i>HCFA Monthly Transaction Reply/Monthly Activity Report</i> listings are used? When the <i>HCFA Monthly Transaction Reply/Monthly Activity Report</i> listings indicate that an applicant or existing enrollee has an address outside the approved service area, what steps are taken to verify the address? When the applicant/enrollee resides in the service area but a different mailing address is in HCFA records, does M+CO Organization work with the HCFA RO for correction? How does M+CO Organization treat Medicare enrollees who have left the service area for more than <del>12</del> <b>6</b> consecutive months?</p> <p><u>Review:</u></p> <p><input type="checkbox"/> Routine communication to Medicare enrollees regarding involuntary disenrollment</p> <p><input type="checkbox"/> Miscellaneous communication in sampled enrollee files</p> <p><input type="checkbox"/> <i>HCFA Monthly Transaction Reply/Monthly Activity Report</i> listings</p> <p><input type="checkbox"/> Internal procedural guides</p> <p><input type="checkbox"/> Internal M+CO Organization enrollment and claims processing systems</p> <p><input type="checkbox"/> Standard disenrollment and other membership forms used by M+CO Organization or EGHPs</p> <p><input type="checkbox"/> Disenrollment survey results, complaint logs, grievance cases, and information from review of selected samples.</p> <p><u>Interview:</u> Staff responsible for: making determinations regarding involuntary disenrollments, processing those actions, and issuing and controlling correspondence to Medicare enrollees.</p>
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TEMPORARILY OUT OF M+C ORGANIZATION'S GEOGRAPHIC AREA	
DS10	<p>If offered by the M+CO Organization in a specific M+C plan, a travel or visitor program must be offered to all enrollees who are members of the M+C plan (offering the visitor /travel program) who are temporarily absent from the service area and are temporarily residing in a geographic area served by an affiliated organization.</p> <p>OPLs 96.042, 98.076 and 99.100</p> <p style="text-align: right;">[ ] Not Applicable [ ] YES [ ] NO [ ] NOTE</p>

DS11	<p>The M+CO Organization has agreements in effect only with affiliated organizations which are contracting with HCFA to furnish the same services to its Medicare enrollees which the M+CO Organization itself would provide (at a minimum its basic benefit package) and is only offered to members who are temporarily absent from the M+CO's Organization's service area</p> <p>OPLs 96.042 and 98.076</p> <p style="text-align: right;">[ ] Not Applicable [ ] YES [ ] NO [ ] NOTE</p>
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INVOLUNTARY DISENROLLMENTS - FOR CAUSE	
DS12	<p>Medicare enrollees who are disenrolled for fraud or abuse are only disenrolled if they knowingly provide fraudulent information which materially affects the organization or affects the applicant's eligibility to enroll or because an enrollee intentionally permits others to use the membership card to receive M+CO Organization services.</p> <p>42 CFR 422.74(d)(3)(<del>I</del>)(A) and (<del>B</del>) (i); OPL 99.100</p> <p style="text-align: right;">[ ] MET [ ] NOT MET [ ] NOTE</p>
DS13	<p>The M+CO Organization advises HCFA of such disenrollments only after reasonable advance notice is given to enrollees.</p> <p>42 CFR 422.74(d)(3)(ii) and (iii); OPL 99.100</p> <p style="text-align: right;">[ ] MET [ ] NOT MET [ ] NOTE</p>

DS14	The M+CO Organization maintains documents related to the decision to disenroll and reports these disenrollments to the Regional Office. 42 CFR 422.74(d)(3)(iii), OPL 99.100 [ ] MET [ ] NOT MET [ ] NOTE
<b>INVOLUNTARY DISENROLLMENT - LOSS OF MEDICARE PART A AND/OR PART B ENTITLEMENT</b>	
DS15	The M+CO Organization disenrolls Medicare enrollees who lose Part A or Part B entitlement effective the month following the last month of such entitlement. 42 CFR 422.74(b)(2)(ii), OPL 99.100 [ ] MET [ ] NOT MET [ ] NOTE
<b>INVOLUNTARY DISENROLLMENT - DISRUPTIVE BEHAVIOR/ FOR CAUSE</b>	
DS16	The M+CO Organization disenrolls Medicare enrollees for disruptive behavior only when their behavior is disruptive, unruly, abusive or uncooperative to the extent that continuing membership seriously impairs the M+CO's Organization's ability to furnish services to either the enrollee or other enrollees. Disruptive behavior includes threats of violence by the enrollee to employees of the M+CO organization. 42 CFR 422.74(d)(2)(i), OPL 99.100 [ ] MET [ ] NOT MET [ ] NOTE
DS17	The M+CO Organization disenrolls Medicare enrollees for disruptive behavior only after serious efforts to resolve the problem, including use of internal grievance procedures, consideration of extenuating circumstances, and HCFA's advance approval of the proposed disenrollment. 42 CFR 422.74(d)(2)(i) and (ii); OPL 99.100 [ ] MET [ ] NOT MET [ ] NOTE
MOE DS12- DS17	<p><input type="checkbox"/> Does the M+CO Organization have procedures for terminating enrollees for fraud/abuse or for disruptive behavior? Are they adequate, fair, and include supporting documentation of attempts to notify enrollee of problem and proposed termination action? When an enrollee has been disenrolled for fraud or abuse, has case information been sent to the HCFA Regional Office? When a for disruptive behavior case has arisen, has M+CO Organization made serious attempts to resolve the problem and given consideration to extenuating circumstances? Are for-cause cases referred to the HCFA RO for approval prior to final M+CO Organization termination action?</p> <p><u>Review:</u>  <input type="checkbox"/> Routine communication to Medicare enrollees regarding involuntary disenrollment  Internal procedural guides  <input type="checkbox"/> Internal M+CO Organization enrollment and claims processing systems  <input type="checkbox"/> Standard disenrollment and other membership forms used by M+CO Organization or EGHPs</p> <p><u>Interview:</u> Staff responsible for: making determinations regarding involuntary disenrollments, processing those actions, and issuing and controlling correspondence to Medicare enrollees.</p>
DS18	The M+CO Organization disenrolls enrollees effective the first day of the calendar month after the month in which notice is given to them of the intended action, unless an exception applies. 42 CFR 422.74(d)(2)(vi) OPL 99.100 [ ] MET [ ] NOT MET [ ] NOTE

VOLUNTARY DISENROLLMENT		Use Worksheet: WS-DS1
DS19	<p>The M+CO <del>Organization</del> correctly submits requests to the HCFA Regional Office for retroactive disenrollments in instances where the enrollee clearly failed to understand the lock-in and other related M+CO <del>Organization</del> rules. Supporting information is included in accordance with HCFA policy.</p> <p>42 CFR 422.66(b)(5) and M+C manual, Chapter 3, section 7.5 OPL 99.100</p> <p>(Cross Refer EN16)</p>	[ ] MET [ ] NOT MET [ ] NOTE
MOE DS19	<p><input type="checkbox"/> Determine if communications to Medicare enrollees encourage disenrollment in direct or subtle forms or threatens to disenroll enrollees for inappropriate reasons or on a retroactive basis. Does the M+CO <del>Organization</del> have a system for analyzing reasons for disenrollment and are reasonable efforts made to verify enrollees' status or intent before taking action to disenroll?</p> <p><u>Review:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> internal procedural guides for membership and claims processing system;</li> <li><input type="checkbox"/> language in marketing materials or standard disenrollment, change of information, and other forms used by the M+C Organization or employer groups; routine correspondence/communication to Medicare enrollees regarding involuntary and voluntary disenrollment; miscellaneous communication in sampled enrollee files; and</li> <li><input type="checkbox"/> Employer Group Health Plan (EGHP) contract language, disenrollment survey results, complaint logs, grievance cases, and information from review of selected samples.</li> </ul> <p><u>Interview:</u> Staff responsible for: accepting/processing disenrollments; making involuntary disenrollment determinations, and issuing and controlling correspondence to terminating EGHP and non-group Medicare enrollees.</p>	